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CONFIRMATION NO. 4924

Bib Data Sheet

SERIAL NUMBER 09/986,050	FILING OR 371(c) DATE 10/22/2001 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/420,648 10/19/1999 ABN
which is a CON of 08/964,999 11/05/1997 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 11/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 14	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

PATIENT TRANSFER DEVICE

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